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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Karen B. Addison
Art Unit: 2834

DATE: January 4, 2006

FROM: Lawrence J. McClure

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 13

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MESSAGE:

U.S. Patent Application Serial No.: 10/810,728; Our Ref. 81872.0060

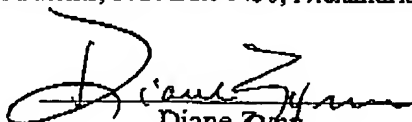
I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

January 4, 2006

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Diane Zyno

TELECOPY/FAX NUMBER: (571) 273-8300 (Art Unit 2834)

CLIENT NUMBER: 81872.0060

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (please return fax to Diane Zyno)

FORM PTO-1083

Attorney Docket No. 81872.0060
Patent Application No. 10/810,728

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Motoki ITO et al.

Serial No: 10/810,728

Confirmation No.: 9671

Filed: March 26, 2004

For: SURFACE ACOUSTIC WAVE APPARATUS AND
COMMUNICATIONS DEVICE

Art Unit: 2834

Examiner: Karen B. Addison

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Signature

01/04/06
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	19	-	20	0	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	2	-	3	0	LG=\$200 SM=\$100	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$0
Independent Claims 1 and 10						TOTAL \$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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☐ Please charge the fee of \$___ for the additional claim-fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☐ Please charge the fee of \$___ for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: January 4, 2006

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Appl. No. 10/810,728
Amdt. Dated January 4, 2006
Reply to Office Action of October 5, 2005

Attorney Docket No. 81872.0060
Customer No.: 26021

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Diane Zynn

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Signature

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AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 5, 2005, please amend the
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.